

Name  
in  
Full

Caroline Bailey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

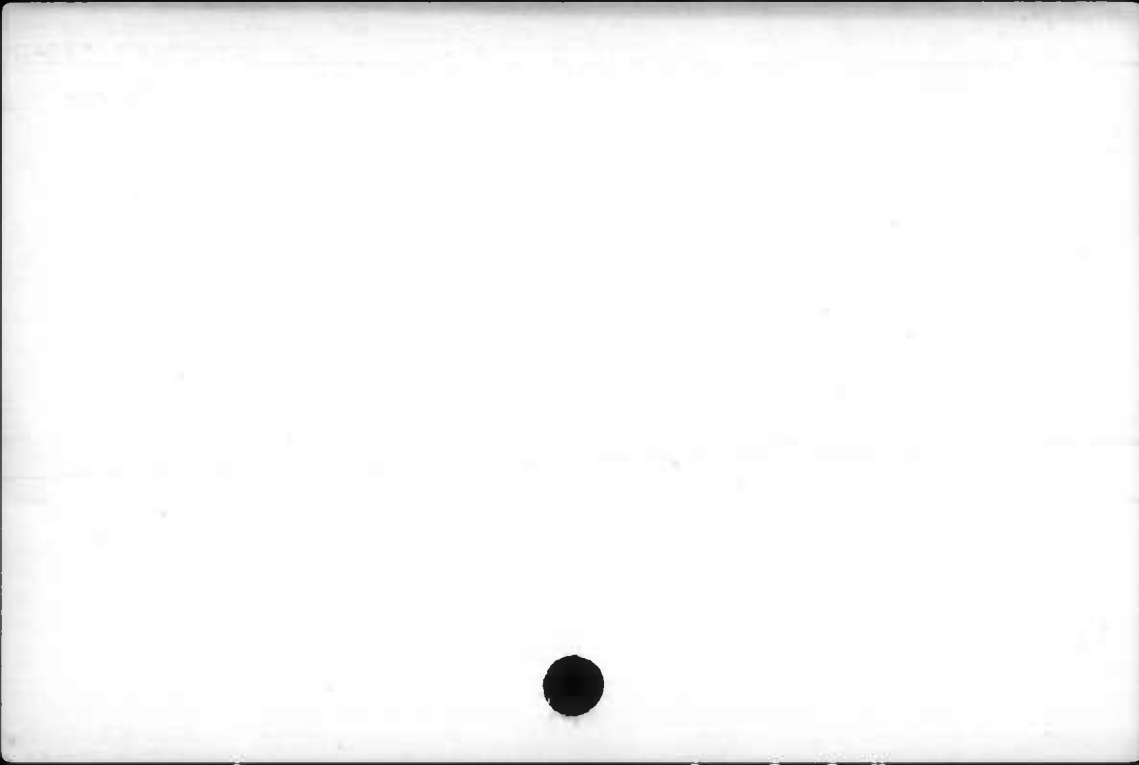
Died at <i>Dreiton</i>		County <i>Caroline</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1909	12	27	85	5	27
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>	
Occupation <i>Housewife</i>			Where Residing if not at place of death		
<del>Married, Single or Widowed</del>		Name of Wife or Husband <i>Stephen Bailey</i>			
Father's Name <i>Samuel Wilson</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Caroline Wilson</i>		Mother's Birthplace <i>md</i>			
Name of person giving Information <i>Andrew Bailey</i>		How related to deceased <i>son</i>			

## CAUSES OF DEATH

154

Primary	<i>General Debility</i>	How long	<i>6 mos</i>
Immediate	<i>General Debility</i>	How long	<i>6 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>		Signature of Physician <i>F. M. Nichols</i>	
		Address <i>Dreiton md</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Claude E Choffinich

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Denton</u> <sup>Town</sup>		<u>Caroline</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	12	Day	30
Age	—		Years	18	Months
Sex	Male		Color or Race	White	Birth-place
Occupation	—		Where Residing if not at place of death	—	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	John Choffinich			Father's Birthplace	MD.
Mother's Maiden Name	Ida Smithland			Mother's Birthplace	MD.
Name of person giving Information	D.D. Davis			How related to deceased	nephew

## CAUSES OF DEATH

Primary	<u>Measles</u>	How long	<u>1 week</u>
Immediate	<u>Pneumonia</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>F. N. Nichols</u>	
		Address	
		<u>Denton Md.</u>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in Full

William David Diefenderfer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Ridgely <sup>Town</sup> Caroline <sup>County</sup> MARYLAND  
 Date of death 190 9 <sup>Month</sup> Dec. <sup>Day</sup> 14 <sup>Years</sup> 4 <sup>Months</sup> 6 <sup>Days</sup> 11  
 Sex male Color or Race white Birth-place md.  
 Occupation child Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

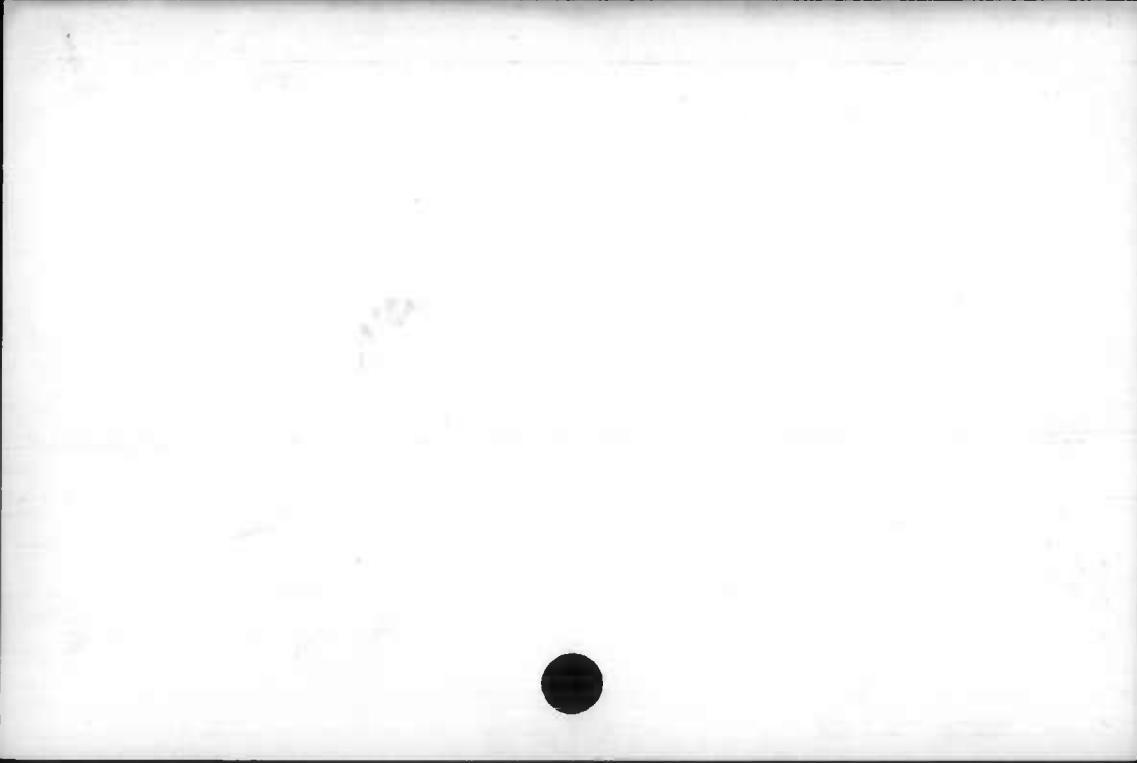
Father's Name F W Diefenderfer Father's Birthplace Penn.  
 Mother's Maiden Name Stella E Diefenderfer Mother's Birthplace md.  
 Name of person giving Information Father How related to deceased Father

CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary Whooping cough How long 7 weeks  
 Immediate Pneumonia How long 3 days  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Signature of Physician H. N. Rickards  
 Address Ridgely, md.  
 Accident or Suicide \_\_\_\_\_



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

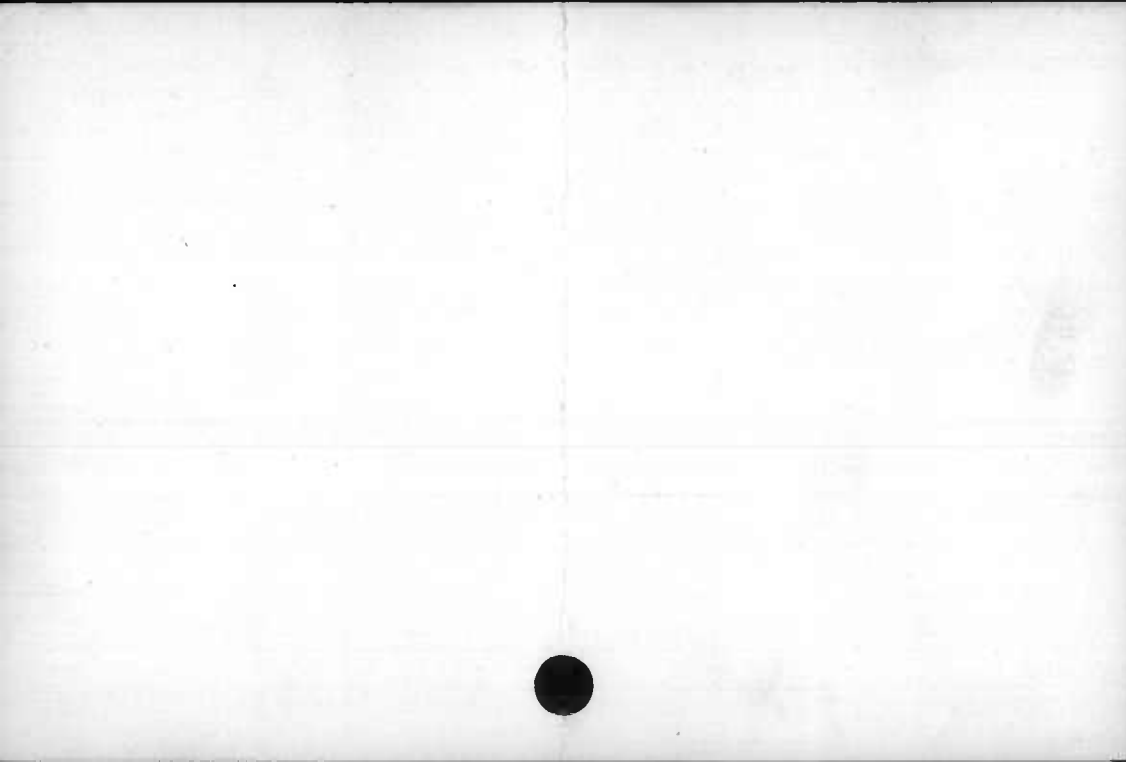
Name in Full <i>Ralph A. Everingham</i>		Town <i>Federalsburg</i>		County <i>Caroline</i>		MARYLAND	
Died at							
Date of death		Month <i>Dec</i>	Day <i>13</i>	Age Years		Months <i>4</i>	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>_____</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>				Name of Wife or Husband			
Father's Name <i>Peter Everingham</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Ida Higginitt</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Peter Everingham</i>				How related to deceased <i>father</i>			

## CAUSES OF DEATH

⑥

PHYSICIAN  
OR CORONER

Primary <i>measles</i>		How long <i>1 week</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. Kemp Jefferson</i>	
		Address <i>Federalsburg</i>	
		<i>md</i>	
Accident or Suicide?			



Name  
in  
Full

Still Born Faulkner T. min

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Ridgely <sup>Town</sup> Caroline <sup>County</sup>  
Date of death 1904 <sup>Month</sup> Dec <sup>Day</sup> 7 <sup>Years</sup> Age Months Days  
Sex Female Color or Race White Birth-place Ridgely  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or Widowed \_\_\_\_\_Name of Wife or  
Husband \_\_\_\_\_Father's  
NameEdgar FaulknerFather's  
BirthplaceIndMother's  
Maiden NameBella StarkeyMother's  
BirthplaceIndName of person giving  
InformationEdgar FaulknerHow related  
to deceasedFather

## CAUSES OF DEATH

Primary

Still Born

How long

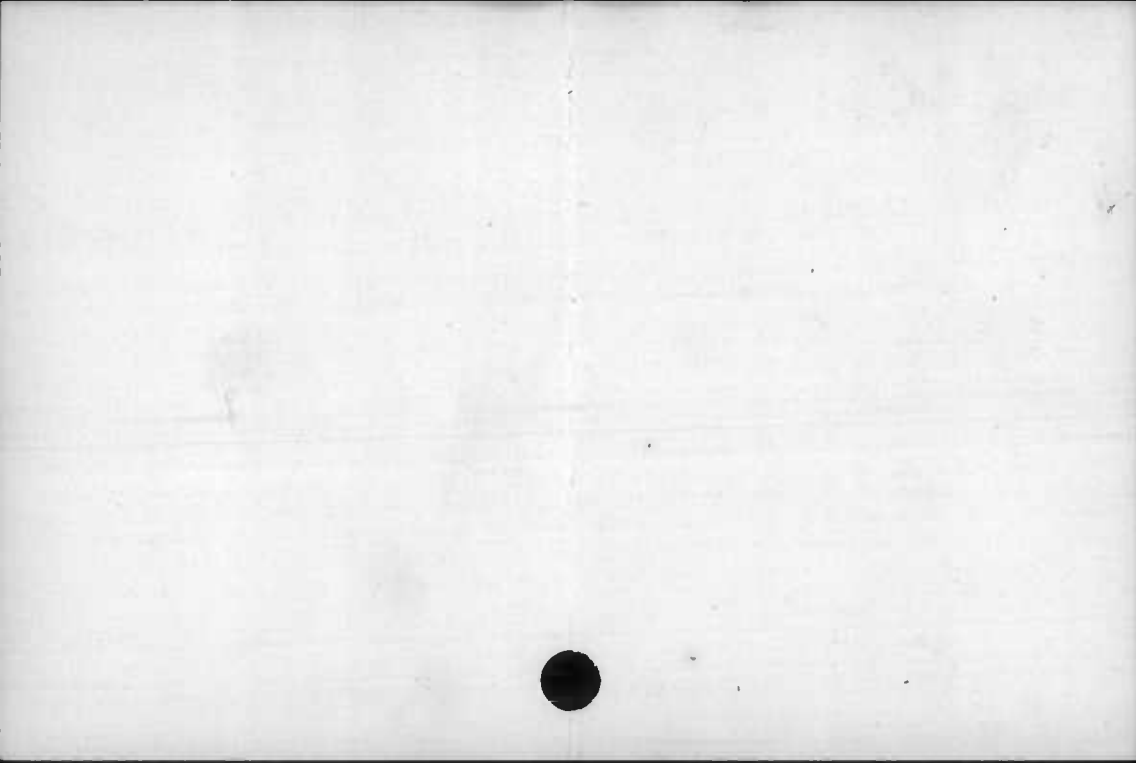
Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?YesSignature of  
Physician

Address

J. C. Madara  
Ridgely  
Ind.Accident or \_\_\_\_\_ Suicide?



Name  
in Full

*Wivins (Still-born)*

*Faulkner*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Ridgely* <sup>Town</sup> *Caroline* <sup>County</sup> **MARYLAND**  
Date of death 1909 *Dec.* <sup>Month</sup> *7* <sup>Day</sup> Age *—* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *—*  
Sex *Male* ~~Female~~ Color or Race *White* Birth-place *Ridgely*  
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*  
Father's Name *Edgar Faulkner* Father's Birthplace *Md.*  
Mother's Maiden Name *Ella Stanley* Mother's Birthplace *Md.*  
Name of person giving Information *Edgar Faulkner* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still born* How long *—*  
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. C. Madara*  
*Ridgely Md.*  
Accident or Suicide *—*

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

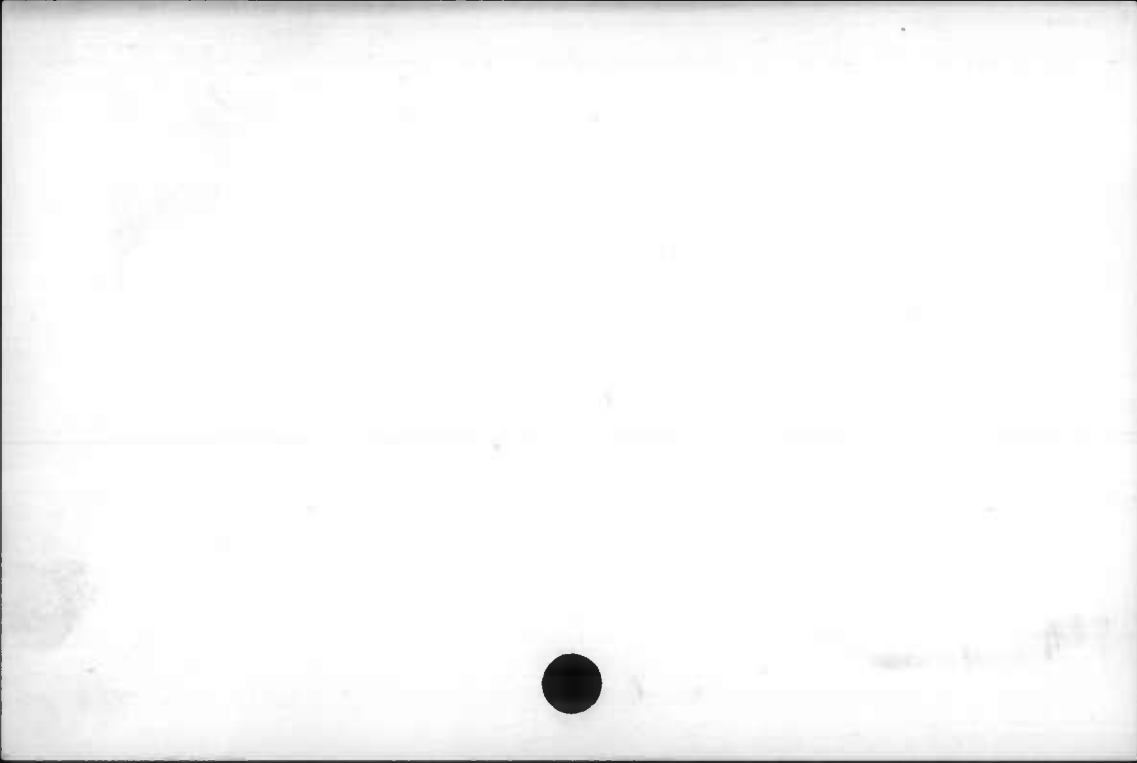
Died at <u>Richley</u> <sup>Town</sup>		<u>Caroline</u> <sup>County</sup>		MARYLAND	
Date of death 1909		Month <u>Dec</u>	Day <u>5</u>	Age <u>9</u>	Years <u>2</u> Months <u>7</u> Days
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Idaho</u>	
Occupation <u>Child</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Hiram Guesford</u>		Father's Birthplace <u>Idaho</u>			
Mother's Maiden Name <u>Mary Ellen Cecile</u>		Mother's Birthplace <u>Idaho</u>			
Name of person giving Information <u>Hiram Guesford</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

⑥ ✓

PHYSICIAN  
OR CORONER

Primary	<u>Measles - Whooping Cough</u>	How long	<u>12 months</u>
Immediate	<u>Pneumonia</u>	How long	<u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A. D. Smith</u>	
		Address <u>Richley</u>	
Accident or Suicide <u>No</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

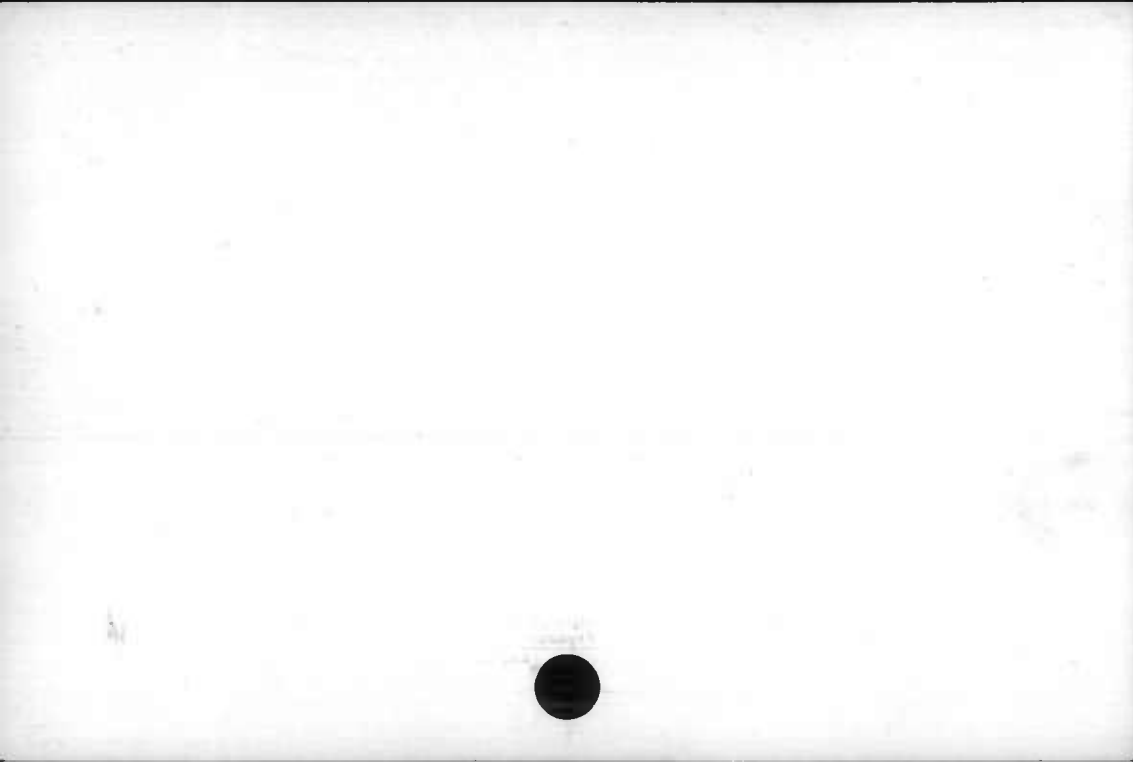
TO BE ANSWERED BY  
NEAREST FRIEND

*Norwood Hubbard*  
Died at *Mr Bartlesham* *Caroline* County *MARYLAND*  
Date of death 1909 *Dec* *8* Month *3* Day *10* Years *10* Months *10* Days  
Sex *Male* Color or Race *White* Birth-place *md*  
Occupation *Not any* Where Residing if not at place of death *Same*  
Married, Single or Widowed *Single* Name of Wife or Husband *Not any*  
Father's Name *Albert F Hubbard* Father's Birthplace *md*  
Mother's Maiden Name *Mary E Mauburn* Mother's Birthplace *md*  
Name of person giving Information *A F Hubbard* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Acute Laryngitis* How long *8 days*  
Immediate *Pneumonia Congestion* How long *6 hours*  
Are the name, age, sex, color, date and place correctly given above? *Raymond Dawnes*  
Signature of Physician *Preston*  
Address *md*  
Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

*Annie M. Jupp*

MARYLAND

Died at *Denton* <sup>Town</sup> *Caroline* <sup>County</sup>

Date of death 190 *9* <sup>Month</sup> *12* <sup>Day</sup> *21* Age *45* <sup>Years</sup> *—* <sup>Months</sup> *7* <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Del.*

Occupation *Housewife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Geo L. Jupp*

Father's Name *John H. Baker* Father's Birthplace *Don't know*

Mother's Maiden Name *Eliza Wrayne* Mother's Birthplace *Del.*

Name of person giving information *Geo L. Jupp* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Cancer of uterus* 42 How long *One year*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *P. R. Fisher*

Address *Denton Md*

Accident or Suicide *No*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Pauline Lane

## CERTIFICATE OF DEATH

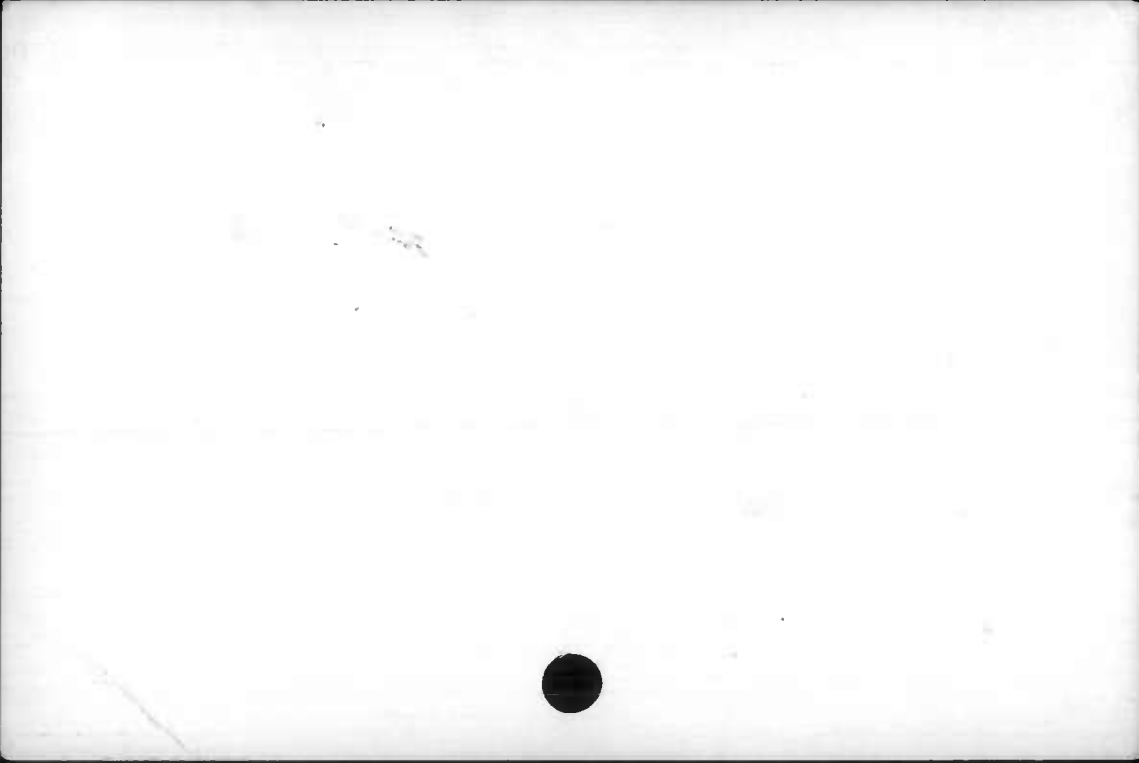
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		STATE	
Died at		Denton		Caroline		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Date of death		1909	12	10	1	10	-
Sex	Female			Color or Race	White		Birth-place
Sex	Female			Color or Race	White		Birth-place
Sex	Female			Color or Race	White		Birth-place
Occupation				Where Residing if not at place of death			
Occupation				Where Residing if not at place of death			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Robert E. Lane				Father's Birthplace	Delaware	
Father's Name	Robert E. Lane				Father's Birthplace	Delaware	
Mother's Maiden Name	Linda Griffin				Mother's Birthplace	Ind.	
Mother's Maiden Name	Linda Griffin				Mother's Birthplace	Ind.	
Name of person giving Information	Robert E. Lane				How related to deceased	Father	
Name of person giving Information	Robert E. Lane				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORNER

Primary	Feething, probably		How long	One week
Primary	Feething, probably		How long	One week
Immediate	Convulsion		How long	1 day
Immediate	Convulsion		How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	G. W. Seimund
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	G. W. Seimund
Address	Denton		Address	Denton
Accident or Suicide	No		Accident or Suicide	No
Accident or Suicide	No		Accident or Suicide	No



Name  
in  
Full

CERTIFICATE OF DEATH

Joseph Bernard Mitchell

Died at

Greenboro

Town

Caroline

County

MARYLAND

Date

of death

1909

Month

Dec

Day

12

Age

Years

24

Months

1

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Greenboro, Md.

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

John A. Mitchell

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Martha Parris

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Constance Mitchell

How related  
to deceased

CAUSES OF DEATH

Primary

Typhoid fever

How long

9 weeks

Immediate

" "

How long

Are the name, age, sex, color, data  
and place correctly given above?

Yes

Signature of  
Physician

W. Lee Fiedelborg  
Greenboro, Md.

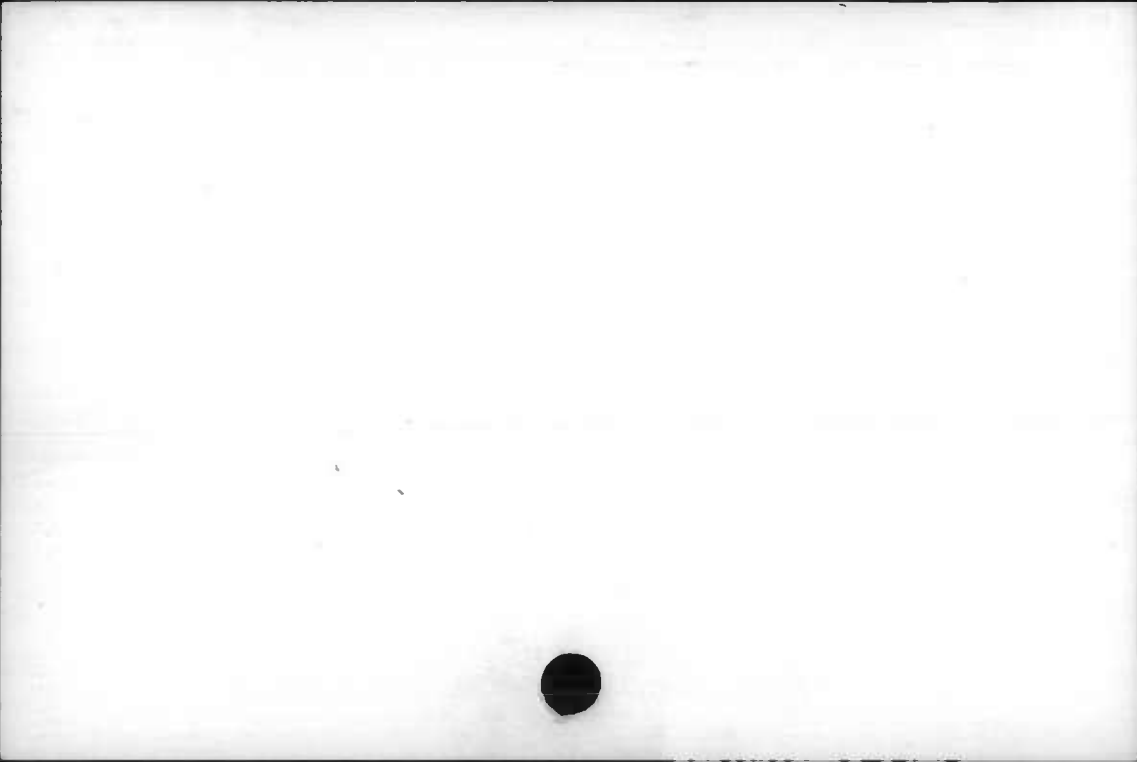
Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

9



Name  
in  
Full

William Medler

## CERTIFICATE OF DEATH

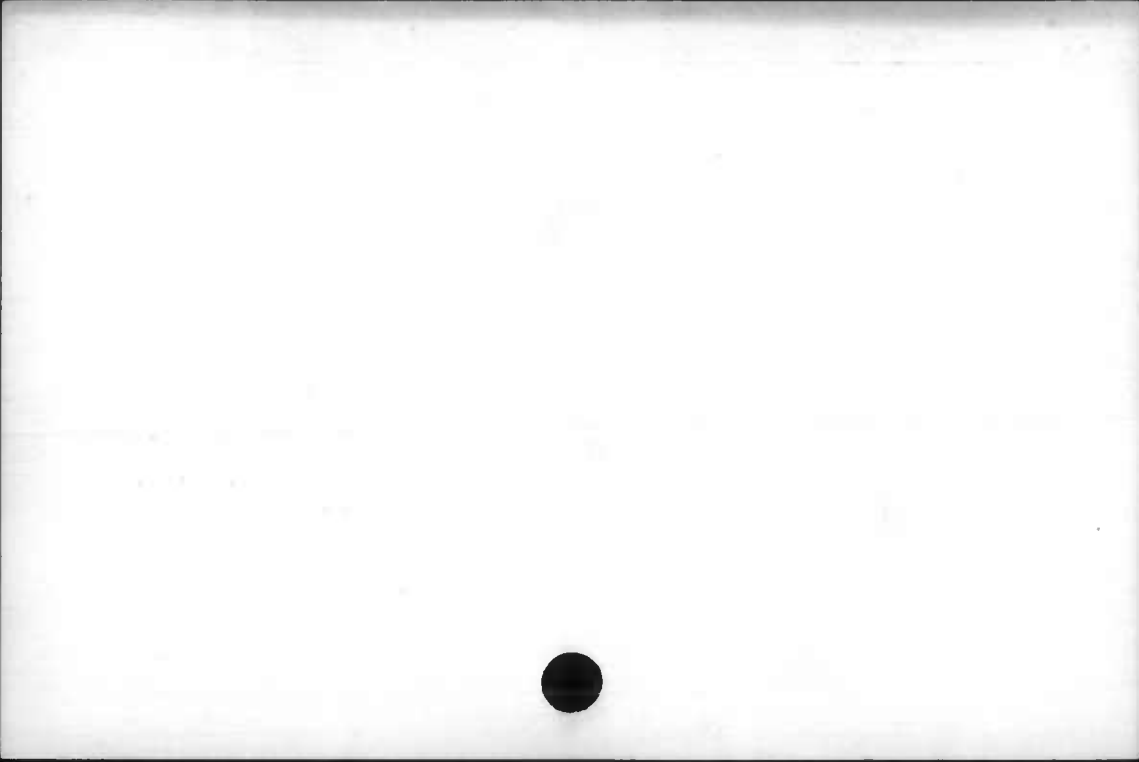
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Greensboro		County Caroline		MARYLAND	
Date of death		Month Dec	Day 15	Age	Years 47	Months 11	Days 22
Sex Male		Color or Race White		Birth-place Orl			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed Widower		Name of Wife or Husband					
Father's Name Alexander Medler		Father's Birthplace Orl					
Mother's Maiden Name Annie Carver		Mother's Birthplace Orl					
Name of person giving Information Elsie Medler		How related to deceased Father					

## CAUSES OF DEATH

Primary	Suberculosis	How long	3 years
Immediate	"	How long	7 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. F. O'Leary	
yes		Address Greensboro, Md.	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel Pittman

## CERTIFICATE OF DEATH

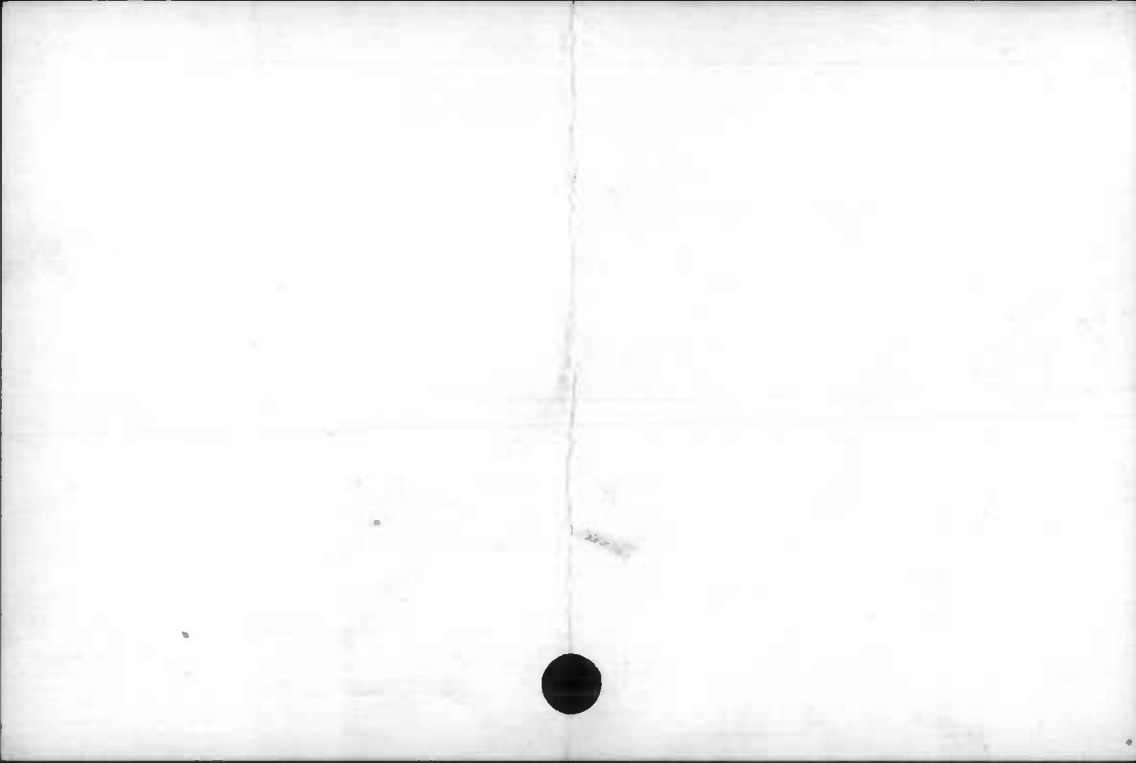
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Federalsburg</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	12	Day	23
Age	21	Years	21	Months	9
Sex	Male	Color or Race	White	Birthplace	Denton, M. J.
Occupation	Machine Man in Lea. Factory		Where Residing, if not at place of death		
<del>Married</del> , Single <del>or Widowed</del>	Name of Wife or Husband				
Father's Name	David B. Pittman			Father's Birthplace	Bucks Co. Pa.
Mother's Maiden Name	Louisa Stevens			Mother's Birthplace	Dor. Co. Md.
Names of person giving Information	Burgess Pittman			How related to deceased	Uncle

## CAUSES OF DEATH

Primary	Phthisis Pulmonalis	How long	3 yrs.
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F. J. Brooks
		Address	Federalsburg Md
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John. Emory Prattis*

Town *Federalsburg* County *Caroline* MARYLAND

Died at *Federalsburg*

Date of death 1909 *Dec.* 12 Age *11* Months *11* Days

Sex *Male.* Color or Race *Black.* Birth-place *Federalsburg*

Occupation *Child* Where Residing if not at place of death

Married, Single or Widowed *Child* Name of Wife or Husband

Father's Name *James Prattis* Father's Birthplace *Caroline Co*

Mother's Maiden Name *Jennie Prattis* Mother's Birthplace *Caroline Co*

Name of person giving Information *Jennie Prattis* How related to deceased *Mother*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *1 week*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *F. J. Brooks*

Address *Federalsburg*  
*Caroline Co Md.*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

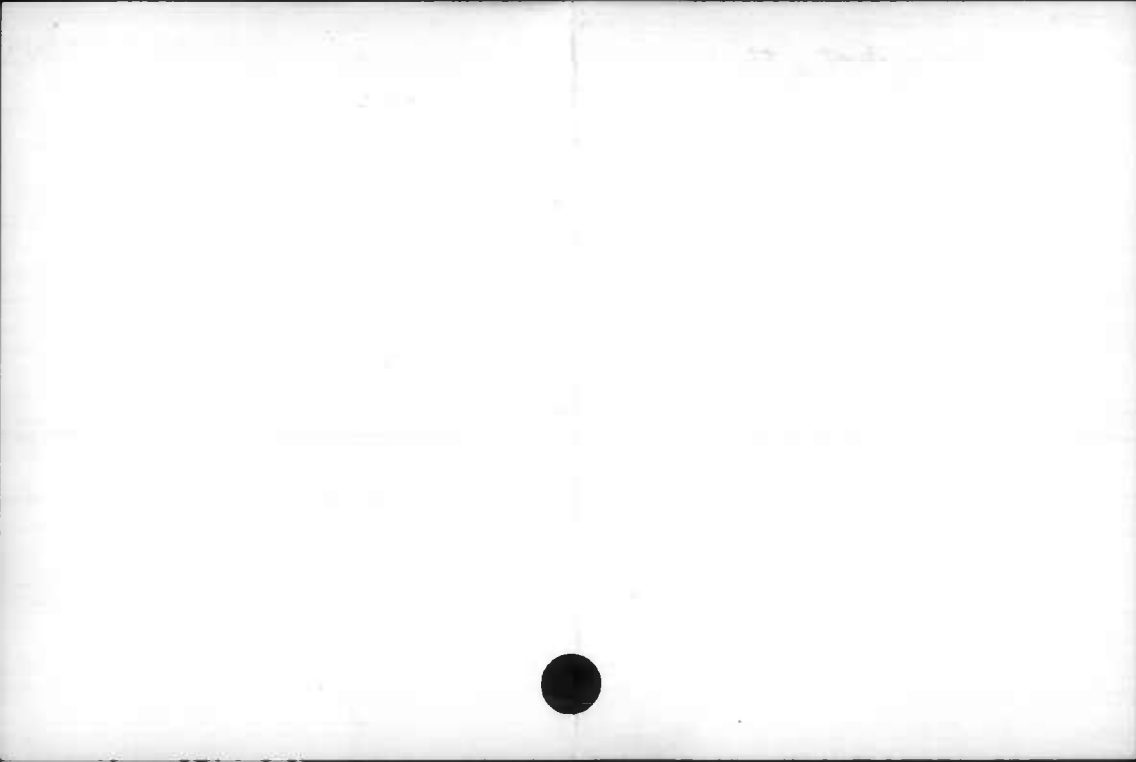
Died at <i>Federalburg</i>		Town <i>Caroline</i>		County <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>Dec</i>	Day <i>23</i>	Age	Years <i>11</i>	Months
Sex <i>male</i>	Color or Race <i>black</i>	Birth-place <i>md</i>			
Occupation <i>child</i>		Where Residing if not at place of dasth			
Married, Single or Widowed <i>child</i>	Name of Wife or Husband				
Father's Name <i>James Prattis</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Jennie Prattis</i>	Mother's Birthplace <i>md</i>				
Name of person giving Information <i>Jennie Prattis</i>	How related to deceaad <i>mother</i>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate	How long
Are the name, age, sex, color, data and pleca correctly given above? <i>yes</i>	Signature of Physician <i>H T Brooks</i>
	Address <i>Federalburg md</i>
Accident or Suicide	



Name  
in  
Full

Edgar David Smith

CERTIFICATE OF DEATH

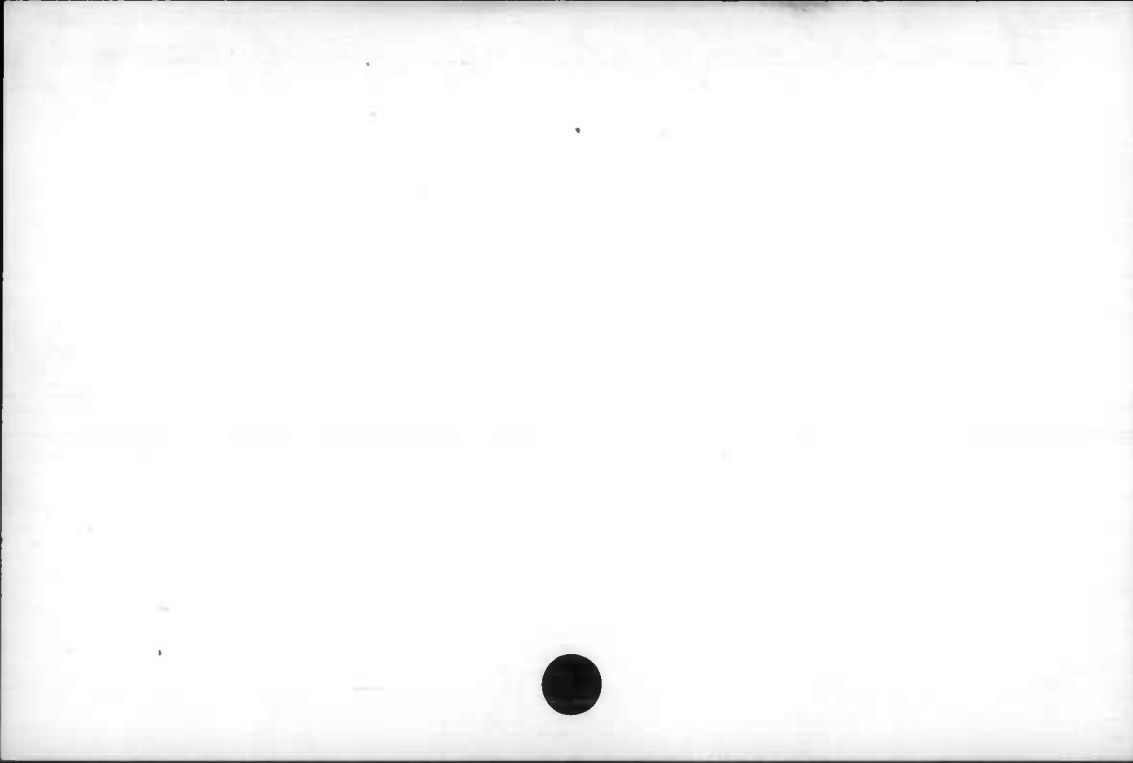
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Ridgely</b> <small>Town</small>		<b>Caroline</b> <small>County</small>		<b>MARYLAND</b>	
Date of death	190 <b>9</b> <small>Month</small>	<b>12</b> <small>Day</small>	<b>2</b> <small>Age</small>	<b>4</b> <small>Months</small>	<b>9</b> <small>Days</small>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Hickman Del</b>		
Occupation <b>Child</b>	Where Residing if not at place of death <b>Ridgely</b>				
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>—</b>				
Father's Name <b>Nolan Smith</b>	Father's Birthplace <b>Delaware</b>				
Mother's Maiden Name <b>Golden Adams</b>	Mother's Birthplace <b>Delaware</b>				
Name of person giving Information <b>Nolan Smith</b>			How related to deceased <b>Father</b>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Measles, whooping Cough</b>	How long <b>1 month</b>
Immediate <b>Pneumonia</b>	How long <b>10 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>J. C. Madara</b>
	Address <b>Ridgely Md.</b>
Accident or Suicide <b>—</b>	



Name  
in  
Full

*Sarah Katherine Tubbott*

CERTIFICATE OF DEATH

Died at <i>near Griffin Corner</i>		County <i>Caroline</i>		MARYLAND	
Date of death	Month <i>12</i>	Day <i>12</i>	Years <i>—</i>	Months <i>5-</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Caroline Co.</i>		
Occupation <i>Chick</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Gurman Tubbott</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Effie Remmer</i>	Mother's Birthplace <i>MD</i>				
Name of person giving Information <i>Gurman Tubbott</i>			How related to deceased <i>Father</i>		

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

(92) ✓

Primary <i>Acute Broncho-pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Pleurisy</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. W. B. Lowry, M.D.</i>
	Address <i>Hillsboro, Md</i>
Accident or Suicide <i>No</i>	

PHYSICIAN  
OR CORONER

9



Name  
in  
Full

*Hellen Morra Jorner*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Jorling Creek</i>		Town <i>Leoralum</i>		County		MARYLAND	
Date of death	1909	Month	Dec	Day	14	Age	51
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Mo</i>		Months <i>10</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Jorling Creek</i>		Years		Days <i>15</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Andrew Jorner</i>		Father's Birthplace <i>Mo</i>		Mother's Birthplace <i>Mo</i>	
Father's Name <i>Burnell Todd</i>		How related to deceased <i>Husband</i>		Mother's Birthplace <i>Mo</i>		Name of person giving Information <i>Andrew Jorner</i>	

CAUSES OF DEATH

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>8 mos</i>
Immediate	<i>Pulmonary TB</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Raymond Downes</i>	
		Address <i>Preston Md</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

William H. Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

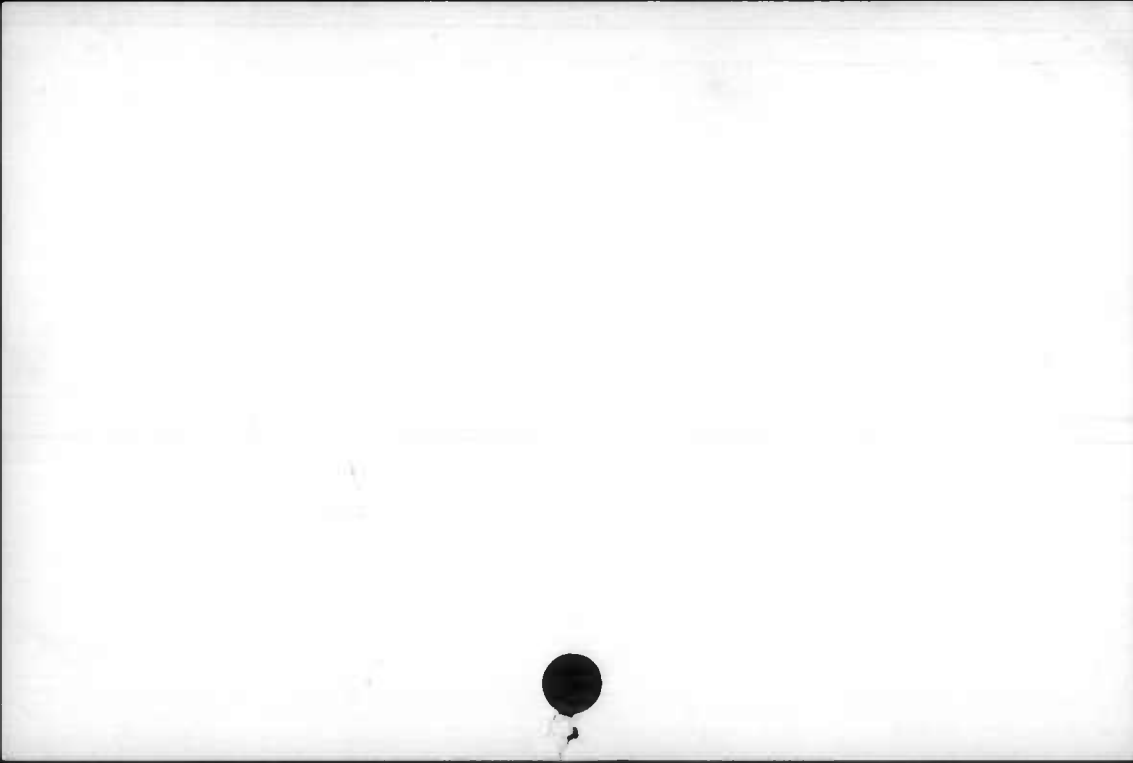
Died at <u>Greensboro</u> <sup>Town</sup>		<u>Caroline</u> <sup>County</sup>		MARYLAND						
Date of death	1909	Month	Dec	Day	29	Age	88	Years	Months	Days
Sex	Male		Color or Race	Black		Birth-place	Maryland.			
Occupation	Farmer		Where Residing if not at place of death							
Married, Single or Widowed	Widowed		Name of Wife or Husband							
Father's Name	Solomon Wilson					Father's Birthplace	Maryland			
Mother's Maiden Name	Nancy Primage					Mother's Birthplace	Maryland			
Name of person giving Information	Solomon Wilson					How related to deceased	Brother			

## CAUSES OF DEATH

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PHYSICIAN  
OR CORONER

Primary	Age	How long	Immediate
Immediate	Heart failure	How long	Immediate
Are the name, age, sex, color, data and place correctly given above?	yes	Signature of Physician	W. F. Old, M.D.
		Address	Greensboro, Md.
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

Died at *near Ridgely* *Caroline* *MARYLAND*Date of death 190 *9* *Dec* *24* Age *1* *11* *16*Sex *Female* Color or Race *white* Birth-place *Va*Occupation *—* Where Residing if not at place of death *Ridgely Md*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Henry Wise* Father's Birthplace *Penn*Mother's Maiden Name *Mary Ann* Mother's Birthplace *Penn*Name of person giving Information *Henry Wise* How related to deceased *Father*

## CAUSES OF DEATH

Primary *measles* How long *1 week*Immediate *Pneumonia* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. C. Madara*Address *Ridgely Md.*Accident or Suicide *—*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

